

DSPD Person Centered Profile

I. Introduction

Any general statements or a description that captures who this person is as a person – their passions or values. Keep it positive.

II. Likes

- a. What the person likes, prefers, or wants
- b. Where the person desires to live, work, play, worship
Indicate why, what is it that is desirable
- c. Joys
- d. Routines (not a daily schedule but important/critical activities in the year, month, week or day that supporter need to know)

III. Dislikes

Dislikes or things the person would prefer to avoid; indicate if these are absolute or negotiable

IV. Communication style/preferences

V. Contributions/ Relationships

- a. How/what does the person contribute, what are the person's valued social roles?
- b. Significant Relationships (not a list of everyone)
What is the relationship and why is it "significant?"

VI. Hopes/Dreams/Fears and Personal Goals

Personal Goals are recommendations for current goals on Action Plan

VII. Health and Safety Issues

(be respectful and use general reference to issues here)

- a. Disabilities/diagnosis
- b. Health/Medical Issues
- c. Mental Health
- d. Behavior Challenges

VIII. Legal/Rights Issues

Include legal issues, guardianship and court orders and rights restrictions

IX. Other Considerations

- a. Emotional/self-esteem/spiritual/cultural issues
- b. Other "Need to Know" information (include unique information about the person's disability, if relevant to supporters)
- c. Historical information (if relevant to supporters now)
- d. Reference other assessments (functional behavior assessment, outcomes, vocational interest survey, etc...)

Person Centered Profile Instructions:

The Person Centered Profile is the place to document information learned about the person from formal and informal assessments. You do not need to include information under every heading. The Profile is to be used in developing the Action Plan, writing Support Strategies and day to day supports by all those supporting the person.

1. Prior to entering services Support Coordinator will do brief initial assessment.
2. Providers complete their initial assessment prior to annual planning meeting (after approximately one year of service, approximately one month prior to annual planning meeting).
3. Support Coordinator “combine” provider assessments and add their information if needed (do not edit out any information)
4. Team review at planning meeting and decide on final profile.
5. Subsequent years providers and Support Coordinator will just edit/update existing assessment prior to planning meeting.

General conventions:

1. Do not change or delete headings (fit all information in one of the existing 9 headings)
2. Each item under each heading should be prioritized with the most important information/item listed first
3. Direct statements from the person should be in “quotes” or *italics* (all others considered to be the opinion of supporters).
4. Edits to existing assessment (may not be available in USTEPS):
1) delete, disagree/outdated = ~~strikeout~~; 2) additions, updates = underline

It was determined that obstacles and barriers should not be a category, to prevent it from limiting supports; however, while setting goals, any obstacles, or barriers will be identified and how to minimize them will be addressed in the action plan.